2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# 757814

Entity Name: SOUTHPOINTE VILLAS, INC.

Current Principal Place of Business:

1500 SOUTH POINTE DRIVE
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

1506 SOUTH POINTE DR #C
LEESBURG, FL 34748 US

New Mailing Address:

1500 SOUTH POINTE DR
LEESBURG, FL 34748 US

FEI Number: 59-2124346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAYLORD, SHIRLEY
1506 SOUTH POINTE DR #C
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

ELLIOTT, STEPHEN
1506 SOUTH POINTE DR
#A
LEESBURG, FL 34748 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHEN ELLIOTT 02/26/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: GAYLORD, SHIRLEY
Address: 1506 SOUTH POINTE DR. #C
City-St-Zip: LEESBURG, FL 34748

Title: PD ( ) Delete
Name: COLLETTI, AL
Address: 1502 SOUTH POINTE DR #B
City-St-Zip: LEESBURG, FL 34748

Title: S ( ) Delete
Name: BUTTS, JACKIE
Address: 1509 TERRACE GREEN DR
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: BELAJ, CORA
Address: 1502 SOUTH POINTE DR. #A
City-St-Zip: LEESBURG, FL 34748

Title: PD (X) Change ( ) Addition
Name: ELLIOTT, STEPHEN
Address: 1506 SOUTH POINTE DR #A
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN ELLIOTT PD 02/26/2007
Electronic Signature of Signing Officer or Director Date